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ABSTRACT

Designed to provide information related to quality early care and education services for providers, policy makers, and clients in Idaho, This "blueprint" outlines the nine essential elements for best practices in early care and education settings. The document is presented in three parts. Part 1 delineates standards and indicators in nine areas: (1) effective administration and business practices; (2) early care and education staff; (3) positive relations; (4) program for child development and learning; (5) continuity for children and families; (6) environments for learning, health, and safety; (7) health promotion; (8) family involvement; and (9) inclusion practices. Part 2 of the document presents a glossary of relevant terms. Part 3 discusses the public comment process for the proposed blueprint and notes that over 130 comments were considered in the final version of the blueprint. The Evaluation tool is included. The document concludes with a 20-item bibliography that includes Web sites. (KB)

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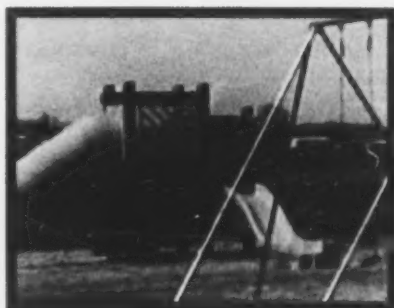
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February, 2000

Idaho Blueprint for E

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February

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PREFACE

This Blueprint outlines the nine Essential Elements for best practice to provide information relating to quality services for providers, provide a foundation for discussion and delivery of best services. The overall goal is to ensure the best possible outcomes for all children.

*Dedicated to
the early care personnel who worked decades to provide quality care for children.
Margaret Arnold, Helen Beitia, Gladys Gallespie, Peg Gougeon, Sherrill Richarz, Ruth Wright*

We will be forever grateful for their dedication and hard work.

I would like to thank those parents and early childhood professionals who supported the Blueprint, specifically Helen Beitia, Janice Fletcher, Jo Leuenberger, Brooks, Kim Frank, Alice L. Anderson, Jennifer Serrao, Kim

Also, thanks to Dell Ford and the Oregon Department of Education.

For additional copies contact Head Start State Collaboration Office at (208) 345-1182, Fax: (208) 345-1183.

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practices in early care and education settings. It is created to
policy makers and clients. This document will provide common
of the Blueprint is to insure the health and safety of all Idaho

ed to
romote quality in early learning environments:

ry, Joan Lingenfelter, Frances Mathison, Marian Posey,
ght and Gloria Zaccardi.

their contributions to this field.

als who gave many, many hours to assist in the development of
ze, Carol Stirling, Liz Dilley, Tammy Eytchison, Barbara
Hegg-James and Cheri Stegelmeier.

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Katherine Pavesic, Executive Director
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IDAHO'S BLUEPRINT FOR ESSENTIAL ELEMENTS, STANDARDS IN EARLY CARE AND EDUCATION

I. EFFECTIVE ADMINISTRATION AND BUSINESS PRACTICES - Programs that provide stable, consistent, and good quality care and education for the children. Staff and families. Effective administration includes attention to legal responsibilities, fiscal stability, good evaluation.

A. The program follows sound administrative and business practices.

1. The program has a designated administrator or manager who oversees the program. This person has training in business administration. If no person on-site is designated to assume authority and take action.
2. The program has up-to-date and accurate records of financial planning and attendance.
3. The program has a written contract or agreement for services with parents.
4. Personnel records are kept that include: records of professional training, evidence of criminal records check, certification of first aid and CPR, and child development.
5. Personnel records include performance assessments and emergency contact information.
6. The program has a list of qualified staff and available substitute staff.
7. Written policies and procedures include the following: calendar management, arrival and departure procedures, enrollment and termination procedures, discipline and guidance practices, procedure for reporting of abuse, assessment of children, levels of family involvement and communication, and program evaluation procedures.
8. Written policies and procedures may also include: fees and payment policies, such as meals, snacks, naps, toileting, and diapering.
9. The program has personnel policies that are communicated in writing, including compensation schedules and benefits, professional development planning and routines, guidance and discipline policy, program policies, and grievance procedures.
10. All staff and families have a working knowledge of policies and procedures.

REARLY LEARNING AND INDICATORS FOR QUALITY CATION SETTINGS

ollow responsible and ethical business practices are more likely to provide
lies benefit from well-planned and well communicated administrative policies,
record-keeping, attention to working conditions for staff, and on-going

sees the administrative functions of the
the manager is absent from the facility, a
n emergencies.
nning, income and expenses, enrollment,
h each family.
raining, education, and experience,
CPR training, and plans for professional
cy contact and emergency treatment
ersonnel.
f open and closed days, hours of operation,
cedures, policy on exclusion for illness,
se, emergency plans, program philosophy,
nication, procedures for complaints, and
ent schedules and procedures for routines
iting to staff, including job descriptions,
opportunities, procedures for program
philosophy, standards of professional ethics,
procedures.

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B. The program complies with all applicable federal, state, and local standards, laws, and codes.	1. Required licenses, certificates, and other records of compliance a 2. The program files applicable federal, state, and local tax forms. 3. The program carries accident protection and liability insurance in 4. A plan is in place to report suspected cases of child abuse or negl 5. All staff are screened for prior records of criminal activity. 6. The program follows nondiscriminatory hiring and employment p
C. The program assures a professional working climate for staff.	1. Staff are supported in their work with young children, either by co mentoring groups (e.g., regular staff meetings, membership in the Young Children). 2. Staff are regularly evaluated using procedures that may include o documentation of their effectiveness, information from the childre 3. Staff are informed of evaluation criteria in advance. 4. Results of evaluations are used to develop a plan for continuing e 5. There are regularly scheduled activities to build and maintain sta 6. When appropriate, separate spaces away from the children are pro activities, relaxation, and personal care. 7. Staff are encouraged to meet their own personal needs and nurtur enthusiasm and to prevent burnout.
D. The program is evaluated at least annually.	1. Procedures for evaluation of the program are developed and used 2. Staff and all families are invited to participate in program evaluat make suggestions and participate in setting program goals. 3. Families are given the opportunity to evaluate the program in the 4. Results of program evaluations are used to do long-term program

e displayed or easily accessible.		
cluding appropriate insurance on vehicles. ect.		
actices.		
olleagues or by membership in support and Idaho Association for the Education of		
bservations, other appropriate n's families, and self-assessment.		
ducation and training.		
f morale and cohesiveness.		
rovided for planning, administrative		
e themselves to maintain energy and		
ion and have frequent opportunities to		
r primary language.		
planning.		

II. EARLY CARE AND EDUCATION STATE Staff include caregivers/providers, and staff make positive contributions to the children's growth, development, education, and well-being and others. They participate in educational opportunities to advance their knowledge and skills. They follow ethical standards and advocate for children and families. They are compensated.

STANDARDS	INDICATORS (Guidelines)
A. Staff are qualified by education, training, and experience to give quality care and education to children.	1. Staff and substitutes have been approved through the criminal background check process. 2. Staff hold current certifications in pediatric first aid and CPR. 3. Staff are enrolled in the Professional Development Registry to meet the standards for registry. * 4. New staff members and substitutes are oriented regarding the emergency procedures, and expectations for ethical behavior and state requirements for the position they are filling.
B. Staff continually seek to advance their knowledge and skills.	1. Staff continue to increase their knowledge and specialization in training and higher education opportunities. 2. Staff are members of professional organizations, support growth through supervision and support. 3. Staff use books, professional journals, videotapes, workshops, and conferences.
C. Staff follow a code of ethics that includes respect for children, families, colleagues, and community. They are advocates for children and families.	1. A written professional code of ethics (such as the document from the National Association for the Education of Young Children) is available in the facility. 2. Staff receive training in ethics and professional responsibility and professional behavior by staff. 3. Staff maintain confidentiality regarding all personal information with others only with written consent of the family. 4. Staff know their legal obligations for reporting suspected cases and use the program's plan for reporting suspected cases. 5. Staff participate in advocacy efforts for children and families.
D. Compensation and benefits are comparable with other positions that have similar qualifications and responsibilities.	1. Staff are compensated for their services based on performance and the program has a written plan for upgrading compensation and benefits. 2. Staff receive benefits to meet their individual needs which may include (but are not limited to) personal, medical insurance, retirement, and educational opportunities.

* The Professional Development Registry does not currently exist, but is in the process of being established.

and teachers in all early care and educational programs. Services offered by qualified staff being. Staff value their career choices and show dignity and respect for themselves. Staff belong to professional associations to improve the quality of their services. Staff are paid fairly for their services.

(ance)	PRESENT Yes/No	DOCUMENTATION
record check process. through the Idaho Center for Career program's philosophy, goals, policies, Staff are oriented to the program and meet		
in early care and education by participating ups, and/or mentoring programs that assist , and other media.		
from the National Association for the The code of ethics forms the basis of ion about children and families and share ly. es of child abuse and neglect. They know		
e and professional development. The benefits. ay include: paid leave (annual, sick, and/or opportunities.		

n development.

III. POSITIVE RELATIONS Warm and respectful interactions among adults and children; children develop self-esteem, social skills, and intellectual abilities. Small groups of children; activities among children. Collaboration among parents, staff, and community agencies are essential.

STANDARDS	INDICATORS (Guidance)
A. The program environment provides warm, positive, and respectful interactions among staff, children, and families.	1. Children and families of all races, ethnic groups, religions, family structures, and mental abilities are treated respectfully and in a positive and friendly manner. 2. Family members are greeted warmly upon arrival and departure. 3. There is laughing, smiling, and positive energy. 4. Interactions among staff members are friendly and positive. 5. Guidance and discipline is positive and reflects realistic expectations. 6. Adults show appropriate affection and respect for children and communicate effectively. 7. Adults interact frequently with children throughout the day, using language and conversations at the children's eye level.
B. The program works in partnership with social services agencies, educational resources, health facilities, regulatory agencies, and neighborhoods.	1. Staff participate in collaborative activities in the community. 2. The program keeps an up-to-date community resource file or maintains a list of community and referral agency to help families locate appropriate services. 3. The program uses community and neighborhood resources to enhance the program.

are important for the well-being of children. When program environments are positive, and low ratios of children to adults enhance good relationships and constructive interaction for the strength of the program and for the good of the children in the program.

e)	PRESENT Yes/No	DOCUMENTATION
y structures, cultures, and physical and ndly manner. tions for the child's age and development. model positive, culturally sensitive ways to g their names and interacting in one-to-one		
akes use of a local community resource hance the experiences of the children.		

C. The total number of children and the number of children per adult reflect best practice.

1. Each child has consistent contact with one adult for a majority secure relationships between children and adults.
2. At a minimum, the ratios of children to adults and total group size program and, at best, meet the guidelines established by the National Association for the Education of Young Children (NAEYC) or the American Academy of Pediatrics.

NAEYC		
Age	Adult-Child Ratio	Group Size
Infants (birth to 12 mos.)	1:3	6
Infants (birth to 12 mos.)	1:4	8
Toddlers (12 to 24 mos.)	1:3	6
Toddlers (12 to 24 mos.)	1:4	8
Toddlers (12 to 24 mos.)	1:5	10
Toddlers (12 to 24 mos.)	1:4	12
2 yr. Olds (24 to 30 mos.)	1:4	12
2 1/2 (30 to 36 mos.)	1:5	10
2 1/2 (30 to 36 mos.)	1:6	12
2 1/2 (30 to 36 mos.)	1:7	14
3 year olds	1:7	14
3 year olds	1:8	16
3 year olds	1:9	18
3 year olds	1:10	20
4 year olds	1:8	16
4 year olds	1:9	18
4 year olds	1:10	20
5 year olds	1:8	16
5 year olds	1:9	18
5 year olds	1:10	20

Age
Birth -
13 - 24
25 - 30
31 - 35
3 year o
4 year o
5 year o

of the day. Every effort is made to assure
 ze meet state requirements for the particular
 onal Association for the Education of Young

American Academy of Pediatrics		
	<u>Child-Staff Ratio</u>	<u>Group Size</u>
12 mos.	3:1	6
mos.	3:1	6
mos.	4:1	8
mos.	5:1	10
lds	7:1	14
lds	8:1	16
lds	8:1	16

IV. PROGRAM FOR CHILD DEVELOPMENT AND LEARNING. Early care and education programs help children develop a sense of self, promote positive attitudes towards learning, and help build skills in the routines that support play, free expression, creative growth, and the development of social skills. Programs are planned to be individually appropriate for the interests and needs of the children.

STANDARDS	INDICATORS (Guidelines)
A. The program is based on a statement of philosophy and goals.	1. A written statement of philosophy is available for families and staff, reflecting beliefs, and program goals for children and families. 2. Families are informed of the philosophy and goals before the child enrolls. 3. The curriculum for children reflects the program philosophy.
B. The program is based upon knowledge of child development and learning.	1. Program activities are balanced between those directed by staff and those chosen by children. 2. Staff provide materials and time for children to select their own activities; choices are available, and children's choices are respected. 3. The program provides opportunities for playing or working with children in large groups. 4. Opportunities are available for both indoor and outdoor activities. 5. Activities, schedules, and routines are appropriate for the age and abilities of the group.
C. The program is based on individual child interests, needs and strengths.	1. Program activities reflect the abilities and the interests of the children. 2. Activities, schedules, and routines are responsive to and respectful of the individual child. 3. Program planning reflects knowledge of family cultures of the children and the community in which the children live.
D. The program supports the social, emotional, physical, and intellectual development of children.	1. Children are encouraged to play and work together in active and cooperative ways. 2. Staff recognize, encourage, and model positive social behaviors, such as taking turns, showing kindness, and talking to solve problems. 3. Children's emotions and feelings are accepted and supported; children are encouraged to express feelings in appropriate, non-violent ways. 4. Program activities and routines are designed to help children develop fine motor skills, balance, coordination, and physical skills. 5. Program activities and routines are designed to help children develop language, creativity, language, problem solving, thinking, curiosity, and self-confidence. 6. Program activities are designed to help children develop social skills, such as sharing, taking turns, and cooperating. 7. Program activities expose children to art, music, nature, science, and literature (reading and writing), cultures, and the community.

educational programs that respond to the natural curiosity of young children reattuning
 of language, problem solving, and cooperation. Age appropriate activities and
 skills help each child gain a foundation for basic skills and academic learning.
 children in the group and to reflect the cultures of the families, staff, and community.

Guidance)	PRESENT Yes/No	DOCUMENTATION
and staff. The statement includes the values, their children are enrolled. y and goals.		
adults and those initiated by the children. own activities during part of each day. Several alone, being in small groups, and participating ivities and off-site field trips. ge and the development of the children in the		
ne children enrolled. spectful of individual differences and the needs the children in the group and of the community		
ities and routines. aviors, such as cooperating, helping, taking ed. Children are encouraged to express en develop self-care skills. en develop their large and small muscles, en develop their dispositions toward learning, nd reasoning. ence, math (numeracy), literacy (phonemic ity in which they live.		

E. Screening and assessments of children's development and learning are used to plan an appropriate program to help each child develop and to communicate with his or her family.	1. Staff frequently observe the children as they participate in the accumulated into a record for each child. 2. Samples of children's work, descriptions of their activities, in appropriate, self-assessments by the children are regularly gathered. 3. Individual descriptions of each child's development and learning assessments are based on the accumulated information in the program. 4. An individual program plan is developed for each child based on the information gathered jointly by staff, other professionals (if appropriate) and the child. 5. When children have special needs, information is gathered from the child. 6. Plans are used to guide the development of the program curriculum. 7. Individual, confidential records are kept for each child in the program access to the confidential files.
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program. The observations are information from families and, when needed for their portfolio, ing are compiled periodically. These child's portfolio, on the child's assessment. The plan is , the family, and (when age-appropriate) the from other professionals who are familiar with curriculum. program. There are procedures in place for		
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V. CONTINUITY FOR CHILDREN AND FAMILIES - Early care and education programs provide services for children and families. When careful planning is done by programs and families, transitions in school are more continuous and less disruptive of their development and learning. Common practices among settings, grade levels, and programs. Communities work to

STANDARDS	INDICATORS (Guidelines)
A. Community early care and education programs collaborate to respect each other's missions and philosophies and coordinate services offered in the community.	1. The community has an interagency team consisting of representatives from early care and education and family support programs, including: family child care, Even Start, Head Start, bilingual programs, Migrant programs, intervention, early childhood special education, public and private recreation programs, enrichment programs, Resource and Referral, health agencies, and others as applicable to the community. 2. The team includes family members whose children are currently in the program. 3. The team links the community with statewide agencies and organizations for early care and education. 4. The team develops a system that supports smooth transitions between community and ongoing comprehensive services for all families. 5. The team contributes to and advocates for a directory of child care and agencies. 6. Each program has an awareness of all other early care and education programs. 7. All programs and staff work together to advocate on behalf of children and families. 8. The team collaborates to offer, promote and participate in community events.
B. Professionals across settings work to build relationships and to participate in joint activities to increase knowledge and strengthen ties.	1. The programs promote joint professional development opportunities and foster continuity in programs for children and families. 2. Staff encourage families to make cross-program visits to ease transitions.

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Programs work together to ensure a common philosophy and continuity in families, children's transitions from program to program or from grade to grade. Children achieve more if there are clear links, common philosophies, and together to assure that families receive the comprehensive services they need.

ance)	PRESENT Yes/No	DOCUMENTATION
ntatives from all types of early care and ld care, center-based child care, preschools, , Native American programs, early ivate schools, school age child care, erral agencies, social service agencies, tly in early care and educational programs. ganizations that promote quality early care for children and families within the ies. and family focused community programs education programs in the community. f children and families. ILD FIND activities.		
unities among staff to discuss and plan for transitions.		

C. Staff and families work together to ensure a smooth transition for all children as they move from setting to setting within a day, between levels or grades, and from program to program.	1. There is a policy for assisting families and children in transition developed jointly by all adults who are responsible for a child's members. 2. Plans include positive transition activities that will prepare the 3. Plans demonstrate sensitivity to individual needs, culture, language and family. 4. Information supporting a child's development and transitions in settings.
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is. Individual transition plans are
care and education including family

child and family for the changes.
age, and previous experiences of the child

shared (with family permission) across

VI. ENVIRONMENT FOR LEARNING, HEALTH, AND SAFETY The physical environment is arranged for active and independent participation by the children. It is supporting children's gains in physical, social-emotional, and intellectual development, accidents, injuries, and unhealthy conditions for children and adults. An environment that supports learning and active participation.

STANDARDS	INDICATORS (Guidance)
A. The physical environment and its furnishings are planned to support the development and learning potential of the children.	1. Places are arranged for children to play or work individually, in pairs, or in small groups. 2. Individual places for children to store personal belongings are provided. 3. As much as possible, noisy activities are separated from quiet activities to allow children to find solitude and privacy. 4. The indoor environment includes soft elements such as rugs, cushions, and comfortable seating. The outdoor environment includes a variety of surfaces such as soil, grass, sand, and concrete. 5. Materials and equipment, such as books, dolls, toys, wall decorations, and art supplies, represent diverse cultures, ethnic groups, gender roles and abilities. 6. Equipment, materials, and learning supplies are clearly organized and labeled to encourage children to promote independent selection, use and clean up. 7. Additional materials and equipment are available to rotate into the environment as needed.
B. The physical environment includes an adequate amount of space for children's indoor and outdoor activities, for adult planning and management activities, and adult privacy.	1. There is enough space both indoors and outdoors to avoid crowding and to support various activities. 2. Clear pathways are evident to prevent accidents and minimize congestion. 3. The facility is accessible for participation in the full range of activities for children with physical disabilities. 4. Separate areas away from the children are provided for adults to use for planning, personal care, and management activities.

environment supports learning, health, and safety for all participants. The environment is planned to maximize health and safety and to prevent crowding. The environment is planned to maximize health and safety and to prevent crowding. The environment is planned to maximize health and safety and to prevent crowding.

ence)	PRESENT Yes/No	DOCUMENTATION
in small groups, and in large groups. provided. activities. Quiet areas are available for cushions, and upholstered furniture. The grass, sand, and hard areas for wheeled rations, musical instruments, and recordings ities, and are not stereotypical. red, labeled and easily accessible to the the environment for variety and novelty. ding and to allow for individual and group		
interruption of children's activities. activities for children and adults who have for planning, administrative activities, and		

C. The physical environment is safe and healthy for children and adults.	1. The facility, equipment, materials, and toys are cleaned and sanitized according to Health Department standards and are kept in good repair and in good working order. 2. Adults have immediate access to a telephone with emergency numbers. 3. The facility has a first aid kit, fire extinguishers, and smoke detectors. Exits are free and are clearly marked. Evacuation routes and other emergency procedures are posted. The facility has written evidence of compliance with local fire codes. 4. Barriers, guards, or screens are used to prevent falls from windows, stairs, and entry by vermin. 5. All hazardous and toxic materials and dangerous equipment, such as antifreeze, garden chemicals, asbestos, lead-based paint, pesticides, and other weapons, are secured in places that are inaccessible to children. 6. Use of tobacco, alcohol or illegal drugs is prohibited on facility premises. 7. Hand washing facilities with warm water, liquid soap, and paper towels are located in diapering areas, laundry area, and food preparation area. Gloves are used. 8. Toilet, diapering, and laundry facilities are located away from play areas. Each of these areas is easy to clean and sanitize. 9. A separate area is reserved for the isolation and comfort of sick children. 10. Inside air temperature and air circulation are comfortable. Lighting is adequate for various tasks, such as work and play, rest and sleep. 11. Vehicles used to transport children are properly maintained and have a sufficient number of adult and child safety restraints. 12. Children and adults wear helmets when participating in activities that pose a risk of injury, e.g., in-line skating and riding wheeled toys. 13. The indoor and outdoor areas are arranged for easy adult supervision of children. 14. A fence or other natural barrier surrounds the outdoor area. 15. If swimming or wading pools or hot tubs are on the premises, they are properly sanitized to minimize contamination, constructed to prevent injury,
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nitized on a regular schedule according to meet safety standards. numbers posted close to the telephone. tectors in working condition. Exits are kept gency procedures are planned and posted. health, and safety codes. lows and steps, burns from heat sources, uch as medications, cleaning supplies, cides, lawnmowers, firearms, ammunition to the children and are inventoried. y premises. er towels are available in the toileting and es and universal safety precautions are food storage, preparation, and serving k people. hting levels are adequate and adjustable for d equipped with the appropriate size and ies which involve the possibility of head rvision appropriate to the age of the or used by children, they are properly jury, and properly secured when not in use.		
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VII. HEALTH PROMOTION Policies and procedures to promote healthy behavior among children, staff, and families. When staff, children, and families develop sound habits of reducing stress, and eating nutritious foods, they are more likely to maintain life-long

STANDARDS	INDICATORS (Guidelines)
A. Adults and children use measures to protect and promote physical health.	1. Children and adults wash their hands with warm running water, wiping noses, and before food preparation and eating. 2. Children and adults brush their teeth after eating meals. 3. Children do not share personal items, such as combs, drinking cups, etc. 4. Babies are placed on their backs for sleeping, unless medical advice indicates otherwise. 5. A confidential record is maintained for each child that contains medical histories, immunizations, and appropriate instructions for all health care. The information in the record is used by the staff to assess and promote developmental health. 6. Staff give medications only with written permission from a physician, given only by a designated adult following the written instructions. Medications are kept each time medications are given. 7. Children and adults are excluded from attending when ill. Illnesses of children are written, communicated, and followed. 8. Ill children are isolated to protect well children and are comfortable. Families are notified when children in the program have communicable diseases. 9. Areas, objects, and surfaces used for diapering, laundry, food preparation, and eating are sanitized with each use. Toilet areas, pet areas, equipment, and toys are sanitized when needed and on a regular basis. 10. Drinking water is offered regularly to the children. Adults must have access to water. 11. Children participate in physical activity on a daily basis. Adults must have access to water. 12. Children are not exposed to tobacco smoke or to adults using alcohol or other drugs at the facility. 13. Evacuation drills and drills for other emergencies, such as earthquakes, are documented. All people on the premises participate in the drills. 14. Injuries, applications of first aid, and illnesses are documented. 15. Staff are free of physical conditions that might adversely affect their ability to work. Screening is done prior to beginning work with young children in program policy. 16. Children, as appropriate by age, learn procedures for protection and safety, including dialing 9-1-1. 17. Information, education, and activities to promote healthy behavior are provided to children, staff, and families.

or reduce the risk of physical disease, mental illness, and nutritional problems.
 physical and mental health practices, such as washing hands, exercising,
 g health habits.

ance)	PRESENT Yes/No	DOCUMENTATION
er and soap after toileting, diapering and g cups, and bottles. ly recommended otherwise. ns medical, dental and developmental ergies and other special health needs of the sure support of each child's physical and child's adult family member. Medications are tions on the container. A written record is ness exclusion policies for both adults and orted until family members can arrive. All nunicable diseases. preparation, and food service are cleaned nt, toys, and other surfaces are cleaned and odel drinking water regularly. ults model being physically active. tobacco products, adults using or under the earthquakes, are held on a regular basis and are ills. d. ct children's health. Physical health n and periodically thereafter, and is defined ng themselves in emergencies, such as aviors are regularly made available to		

B. Adults and children use measures to protect and promote mental health.	1. Adults use developmentally appropriate materials and curricula for the child. 2. Adults use positive guidance techniques and refrain from using sarcasm. 3. Adults model acceptance of individual differences, strengths, and abilities. 4. The interactions and relationships are respectful and kind and are free of discrimination. 5. Adults are active in asserting that a person's race, ethnicity, age, background, gender, age, or disability is never an acceptable basis for bullying or teasing or rejection by children are rare, and are not enforced. 6. The sounds in the environment are mostly pleasant conversation and not enforced quiet. 7. Staff are encouraged to meet their own personal needs and needs of the children with enthusiasm and to prevent burnout. 8. Information, education, and activities to promote mental health are provided to staff, and families.
C. Healthful eating habits are encouraged through the provision of nutritious and culturally relevant foods eaten in a positive social atmosphere.	1. Nutritious snacks and meals, as determined by USDA guidelines, are provided. 2. Children are offered a quantity and variety of foods in their menu that meet individual nutritional needs. 3. Children are encouraged but not forced to eat or taste. 4. Children are given enough time to eat. 5. Food is not used as a punishment or reward. 6. Foods served reflect the ethnic and cultural composition of the community. Foods are served that will broaden the children's experiences and exposure to new foods. 7. Eating utensils are age and culturally appropriate and adapted to the child's needs. 8. Special dietary needs of children (e.g., allergies, medical, vegetarian, etc.) are met. 9. Menus are available to families. 10. Children and staff eat together, sharing the same menu and social experiences. 11. Mealtimes and foods are used as opportunities for nutrition education and social interaction. 12. Information on food and nutrition for children is available for staff and families.

lum and work to assure the success of each ing corporal punishment, humiliation and and qualities. support the dignity of all people. ppearance, religion, language, family reason for teasing or rejection. Incidents of esponded to by adults when they do occur. ions and laughter rather than harsh voices or arture themselves to maintain energy and th are regularly made available to children,		
nes, are served. neals and snacks to provide for their the group and preferences of the families. for the children's abilities. (vegetarian) are accommodated. socializing in a relaxed atmosphere. education. r families.		

VIII. FAMILY INVOLVEMENT - Young children come from a variety of families, caregivers, and community members who are important to the child's life. When parents, caregivers, children are more likely to be successful in their educational experiences, participation, program evaluation, and family support and education.

STANDARDS	INDICATORS (Guidelines)
A. The program has regular and consistent ways of communicating with children's families and caregivers.	1. All family diversity is recognized and valued. 2. Family members are greeted upon arrival and departure. 3. There are frequent opportunities for informal communication. 4. Types of communication are planned in response to the needs of families. 5. All written and verbal communication is available in the primary language of the family. 6. Staff offer opportunities for home visits with families.
B. Families are encouraged to be regular and frequent participants in the program.	1. Family members are welcome to visit at any time. Environment is family friendly. 2. Family members are frequently invited to be involved in the program. 3. Interests, abilities, and cultures of family members are incorporated into the program. 4. Families have opportunities to assess the nature, quality, and quantity of services offered to them.
C. Families receive support, information, and assistance from the program in acquiring services to meet needs and interests they identify.	1. Staff are knowledgeable about community resources and provide referrals for services for families. 2. Staff inform families of community parent education opportunities. 3. Staff provide information to families on child development and learning. 4. Families are regularly asked to evaluate the program's efforts.
D. The staff include family input in program, policies, and evaluation.	1. Suggestions by family members are solicited, responded to, and incorporated into decisions. 2. Families are regularly asked to evaluate the program's effectiveness.
E. The program works in partnership with families.	1. Staff share interpretations of best practices with families. 2. Staff respect the values of families to individualize program. 3. Families and staff work together to develop goals for their child.

These families may include parents, extended family members, other significant
 programs develop sound partnerships with children's families and other
 Family involvement includes regular communication, opportunities for active

lance)	PRESENT Yes/No	DOCUMENTATION
n as well as planned conferences. ls of the individual family. nary language of the family.		
ents are arranged so that families feel program. porated in the activities for children. d quantity of the participation opportunities		
cesses for making referrals and requesting unities and events for families. and parenting skills. to identify and meet their needs.		
and considered in making program and policy iveness.		
activities. ild.		

IX. INCLUSION PRACTICES: Programs that are responsive to and respectful of cultural identity. Children who have meaningful experiences with others of different similarities of all people, appreciate their differences, and develop new skills. When and valued.

STANDARDS	INDICATORS (Guidelines)
A. Staff understand and commit to practices which build on each child's culture and language and exposing them to diverse cultures, languages, and abilities.	1. Staff recognize that all individuals, including themselves, are inclusive practices. 2. Staff are active in asserting that a person's identity, including language, family background, gender, appearance, or disability, is not a reason for rejection. 3. Staff actively seek accurate information about the cultures of children. 4. Staff include information from families and cultural groups in culturally relevant information. 5. When children with limited English language ability are enrolled, maintenance of the primary language while initiating English is encouraged. 6. To the extent possible, staff reflect a mix of races, cultures, and abilities. 7. Staff receive training on individual, family, and cultural needs and mandates of public law regarding children with special needs.
B. The program is individualized to reflect the diversity of the families and the community and to build awareness and respect for others.	1. Staff continuously examine program policies and practices for diversity. 2. The learning environment and curriculum reflect the language and culture of the program. 3. In programs where children share a similar ethnic heritage, a variety of languages and cultures are represented. 4. Materials reflect differences in culture, ethnicity, gender, and abilities. 5. Children are provided with positive experiences exploring similarities and differences. 6. Children of both genders have equal opportunities to take part in activities. 7. Families and people from the community are invited to share their experiences. 8. Children attend local events and go to places that demonstrate diversity. 9. The program seeks diversity in staff hiring and enrollment of children.
C. Children with disabilities and developmental delays are integrated with more typically developing, same-age peers.	1. Reasonable modifications are made in the physical and learning environment of children with disabilities and developmental delays. 2. To the fullest extent possible, children with disabilities and developmental delays are grouped with peers of the same age. 3. Individual Education Plans (IEPs) or Individual Family Service Plans (IFSPs) are developed for each child with a disability by a team composed of early care and education staff, parents, and other relevant professionals who know the child. 4. Staff are educated about the specific disabilities of the children and assistance in implementing their individual intervention plans. 5. Therapy is incorporated as much as possible within regular program activities for each child from the group.

Individual differences promote acceptance, positive self-esteem, and strong
 of cultures, languages, and abilities are more likely to learn about basic
 staff promote inclusion and work to counter prejudice, all children can feel safe

ance)	PRESENT Yes/No	DOCUMENTATION
e rooted in culture and they advocate for g race, ethnicity, culture, lifestyles, religion, ities, is never an acceptable reason for teasing f different groups and discard stereotypes. represented in the community when gathering olled, staff continue the development and n language skills. ethnicity, genders, languages, and ages. ds and differences and about the provisions needs.		
or bias. e and culture of all the children in the wareness of different cultures is promoted. abilities. Stereotypes are avoided. imilarities and differences among people. rt in all activities. their cultures and skills with the children. e inclusiveness. children.		
ing environment to accommodate the needs developmental delays are integrated into ce Plans (IFSPs) are developed for each education staff, early invention staff, family d. en in the group and receive special training plans. rogram activities rather than removing the		

- AA - Associate in Arts Degree** A two-year degree that requires at least 64 credits and usually articulates directly into a BA program.
- AAS - Associate in Applied Science** A two-year degree from a technical college that requires two years and at least 64 credits from a specific curriculum.
- Advocate** - A person who pleads, supports, or recommends publicly. A children's advocate would support public issues that pertain to children.
- Age Appropriate Activities** - Activities that typically developing children of the same age would be performing or would have achieved.
- Assessment** - Evaluation and determination of eligibility for specific services, and documentation and recording of progress in order to plan and individualize a program for a child.
- Barrier** - An obstruction, anything that hinders approach or passage, i.e. a barrier to employment may be lack of education.
- CDA - Child Development Associate Credential** - A national certification awarded through an assessment process given by the Council of Professional Development, a branch of the National Association for the Education of Young Children. This credential represents a planned educational and practical experience working with children from birth to five years old. A CDA is the initial professional level on the Early Childhood Career Ladder.
- Child Find** - A process to locate, identify, and evaluate students who reside in a specific area and may be in need of special education.
- Child/Adult Ratio** - The number of children an adult is responsible for in an early care and education setting.

Collaboration - To work voluntarily together to share jointly in information, activity, or production. Not competitive.

Confidentiality - Maintaining the privacy of others.

CPR Training - A course that teaches care givers lifesaving skills for breathing or cardiac emergencies for infants and toddlers.

Curriculum - a long range plan of education.

DEC - Division of Early Childhood of the Council for Exceptional Children A professional organization for those working in special education.

Early Head Start - A program that provides low-income pregnant women and families with children from birth to age 3 with family-centered services that facilitate child development, support parental roles, and promote self-sufficiency.

Ethics - Of or related to moral action, motive, or character. Ethical - conforming to professional standards of conduct. Each professional organization may have slightly different standards based on this premise; NAEYC Standards for Ethical Conduct is the one used by professionals in early care and education.

Even Start - A family-focused program designed to break the cycle of poverty and illiteracy by improving the educational opportunities of low-income families by integrating early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program.

Family Diversity - Consideration for different family configurations, i.e. two parent families, single parent families, blended families - there are many possible configurations.

Grievance Procedure - A procedure by which an employee or parent can address the administration or employer with a complaint or disagreement. This procedure may be coupled with the assessment and evaluation process of employees.

Head Start - A comprehensive, child focused, family-centered child development program which serves children aged 4 to 5, with the overall goal of increasing the social competence of young children in low-income families.

IAEYC - Idaho Association for the Education of Young Children - A professional organization for people working with children aged birth through eight years. It is part of the National Association for the Education of Young Children (NAEYC).

IEP - Individual Education Plan - A plan written to meet the specific education needs of a child.

IFSP - Individual Family Services Plan - A plan in which the family is part of the process of meeting the needs of a child.

Inclusion - Practices that include ALL children regardless of their abilities, background, gender, or social status.

NAEYC - National Association for the Education of Young Children - A professional organization for people working with children aged birth through eight years.

Non-discriminatory - Practices that do not use bias or other token criteria to separate one from another.

Paraprofessional - A non-certified, non-licensed individual employed by a district who is appropriately trained and supervised in accordance with state standards to assist in the provision of special education and related services.

Phonemic Awareness – An awareness of the identity, order and number of sounds in words. The ability to segment words into sounds and auditorally blend sounds into words.

Professional - A person who possesses the education and training to perform a job well and has skills and qualities admired and respected by others.

Screening – A “snapshot” of how a child is functioning, or the child’s level of development or health status, at a particular point in time, based on the premise that problems discovered early can often be remedied. Screening provides the information needed for referrals, and clues about follow-up that may be necessary to diagnose a health, learning, or other problem. It should take place on a recurrent or periodic basis.

Standardized Test - A type of test that has been nationally validated. This type of test is generally given by psychologists trained in testing procedures. There are many protocols that must be followed for the results to be valid. One example is the Stanford-Benet Intelligence Test.

Transition - A passage from one place to another, i.e., classroom, age group, school.

Transition Services – A coordinated set of activities for a student with a disability designed within an outcome oriented process, based on the individual student needs, addressing instruction, related services, community experiences, employment, post-school adult living objectives and, when appropriate, acquisition of daily living skills and functional vocational evaluation.

USDA Guidelines – A set of guidelines, given through the United States Department of Agriculture, to assure safe and sanitary preparation, serving, storing, and disposal of food.

Vermin - A noxious or offensive animal that collectively may be difficult to control, i.e., mice, bedbugs, lice, flies.

Weapon - A dangerous device, instrument, material or substance, animate or inanimate, that is used for, or is readily capable of, causing death or serious bodily injury, except that such term does not include a pocket knife with a blade of less than 2½ inches in length.

COMMENT

1. Comments were received from across the State.
2. A variety of methods were used by each local com

Individuals

Groups who were organized for other purp

Teams of local early care and education su

3. In excess of 130 comments were considered in th
4. The specific comments that were not utilized in t

*"I agree with the statement that all family types n
types are not equally beneficial for children. Perh
the ideal for children, but not always possible. Su
may need extra help or for a child which may be h*

*"Section V.A. 1, 2, 3, 4, 5 and 8. These items do n
this document is aimed at. Their omission would
implied plans of its creators."*

"Would like stronger language in Section VIII rega

T PERIOD

community:

oses (Coeur d'Alene, Twin Falls, and Pocatello)
supporters, including Tribal child care providers

the final version of the Blueprint.

the final document revision are as follows:

*eed to be valued, but research shows that all family
aps some mention that intact, two parent families are
upport of referral should be a priority for families who
having adjustment problems."*

*ot apply to the 'Early Care and Education Settings' that
not alter the intent of the document, merely delete the*

arding parent involvement."

BIBLIOGRAPHY

1. Accreditation Criteria & Procedures of the National Association for the Education of Young Children, 1998 Edition.
2. Building Communities From the Inside Out: A Path Toward Finding and Mobilizing A Community's Assets, John Kretzmann and John L. McKnight. 1993.
3. Caring for Our Children, Health and Safety Guidelines, American Public Health Association and American Academy of Pediatrics. 1992.
4. Enhancing Quality, Standards and Indicators of Quality Care for Children with Special Needs, Susan G Epstein, Ann B. Taylor, Alexa S. Halbreg, Jane D. Gardner, Deborah Klein Walker and Allen C. Crocker. 1989.
5. Essential Elements of Programs for Children, Implementation Plan for Quality, Executive Summary
6. Essential Elements of Programs for Children, Implementation Plan for Quality, Oregon Department of Education, 1999.
7. Family Day Care Providers, Child Development Associate Assessment System and Competency Standards. 1990.
8. Home Visitor, Child Development Associate Assessment System and Competency Standards. 1992.
9. Infant/Toddler Caregivers in Center-Based Programs, Child Development Associate Assessment System and Competency Standards. 1989.
10. Measuring Progress and Results in Early Childhood System Development, Nina Sazer O'Donnell and Ellen Galinsky. 1998.
11. Preschool Caregivers in Center-Based Programs, Child Development Associate Assessment System and Competency Standards. 1990.
12. Idaho city and state regulations

OTHER DOCUMENTS

1. Guidelines for Preparation of Early Childhood Professionals. Position paper. NAEYC. 1995
2. Planning Resources for State Child Care Administrators.
3. Forging the Link Project – Community Ownership & Marketing Group Report.

WEB SITES

1. www.idahoheadstartassoc.net = you can down load the entire Blueprint document
2. www.IECENet.org = personnel development information for early childhood teachers and child care providers
3. www.nccic.org = information supporting child care information linkages
4. www2.state.id.us/idahochild = early childhood/child development information for parents and child care providers.
5. www.iamyourchild.org = developmental information on young children. Parenting information and brain research information.

Idaho's Blueprint for Early Learning Evaluation Tool

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The Evaluation Tool section is included for the use of providers in all Early Care and Education settings.

It is the intent of the Blueprint Consortium members for the Blueprint document to be used as a working plan to enhance quality. This section is divided into the Nine Essential Elements with space for comments.

The comment portion is designed for programs to document challenges and steps for improvement.

II. EARLY CARE AND EDUCATION STAFF – Staff include caregivers, providers, and teachers in all early care and educational programs. Services offered by qualified staff make positive contributions to the children's growth, development, education and well-being. Staff value their career choices and show dignity and respect for themselves and others. They participate in educational opportunities to advance their knowledge and skills and belong to professional associations to improve the quality of their services. They follow ethical standards and advocate for children and families. They are compensated fairly for their services.

COMMENTS:

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IV. PROGRAM FOR CHILD DEVELOPMENT AND LEARNING – Early care and educational programs that respond to the natural curiosity of young children reaffirm a sense of self, promote positive attitudes towards learning, and help build skills in the use of language, problem solving, and cooperation. Age-appropriate activities and routines that support play, free expression, creative growth, and the development of social skills, help each child gain a foundation for basic skills and academic learning. Programs are planned to be individually appropriate for the interests and needs of the children in the group and to reflect the cultures of the families, staff, and community.

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V. CONTINUITY FOR CHILDREN AND FAMILIES - Early care and education programs work together to ensure a common philosophy and continuity in services for children and families. When careful planning is done by programs and families, children's transitions from program to program or from grade to grade in school are more continuous and less disruptive of their development and learning. Children achieve more if there are clear links, common philosophies, and common practices among settings, grade levels, and programs. Communities work together to assure that families receive the comprehensive services they need.

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VI. ENVIRONMENTS FOR LEARNING, HEALTH, AND SAFETY – The physical environment supports learning, health, and safety for all participants. The environment is arranged for active and independent participation by the children. It is furnished with developmentally appropriate materials and equipment, supporting children's gains in physical, social-emotional, and intellectual development. The environment is planned to maximize health and safety and to prevent accidents, injuries, and unhealthy conditions for children and adults. An environment with enough space to avoid crowding helps to minimize the risks of injury and disease, and supports learning and active participation.

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